



AMERICAN UNIVERSITY
WASHINGTON, DC

DISBURSEMENT REQUEST

OFFICE OF THE CONTROLLER

PAYEE INFORMATION		For Use by the Office of the Controller Only	
NAME OF PAYEE <i>Brad Mowbray</i>	AU EMPLOYEE (CHECK ONE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<div>0110867</div> <div><input type="checkbox"/> CXR <input type="checkbox"/> EXP</div>	
ADDRESS OF PAYEE (Campus address only if AU employee) <i>[Redacted]</i>			
STREET <i>[Redacted]</i>			
CITY STATE ZIP CODE <i>[Redacted]</i>			
REQUESTING DEPARTMENT <i>AU Pres Res</i>	DEPT. PHONE # <i>2100</i>	AMOUNT \$	
SOCIAL SECURITY NO. / FEDERAL I.D. NO. <i>[Redacted]</i>	(CHECK ONE) <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship/Partnership	AUDITED BY DATE	
U.S. CITIZEN? (please confirm) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

DATE	DESCRIPTION	AMOUNT
12-3-04 Through 12-16-04	32 hours at \$17 per hour as dish washer, kitchen aid, and sous chef at Pres Res events	
TOTAL		\$ 544

CHECK ONLY ONE FOR DISTRIBUTION		A.U. EMPLOYEE SIGNATURE (for personal reimbursements only) I certify that the above charges incurred by me, are correct and proper.		DATE
<input checked="" type="checkbox"/> HOLD FOR PICKUP AND CALL EXT. <i>2100</i>		<i>[Signature]</i>		<i>12-14-04</i>
<input type="checkbox"/> SEND CAMPUS MAIL TO: Building Room No.		AUTHORIZED APPROVAL SIGNATURE		DATE
<input type="checkbox"/> SEND U.S. MAIL		BUDGET ACCOUNT NUMBER <i>[Redacted]</i>	\$ <i>544</i>	
		RESTRICTED APPROVAL		DATE




AMERICAN UNIVERSITY
WASHINGTON, D.C.

DISBURSEMENT REQUEST

OFFICE OF THE CONTROLLER

PAYEE INFORMATION		For Use by the Office of the Controller Only	
NAME OF PAYEE ROBERT METTER		AU EMPLOYEE (CHECK ONE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ADDRESS OF PAYEE (Carnous address <u>only</u> if AU employee) [REDACTED]		<div>0110866</div> <div> <input type="checkbox"/> O/E <input type="checkbox"/> E/P </div>	
STREET [REDACTED]			
CITY [REDACTED]			
STATE [REDACTED]		ZIP CODE [REDACTED]	
REQUESTING DEPARTMENT [REDACTED]		DEPT. PHONE # [REDACTED]	
SOCIAL SECURITY NO. / FEDERAL I.D. NO. [REDACTED]		(CHECK ONE) <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship/Partnership	
U.S. CITIZEN? (please confirm) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		AMOUNT \$ AUDITED BY DATE 	

DATE	DESCRIPTION	AMOUNT
Dec 6-Dec 9	30 hrs fm work at Pres. Bus. or sent chg (30 hrs @ \$17. ⁰⁰ /hr hour)	
	TOTAL	\$ 510

CHECK ONLY ONE FOR DISTRIBUTION <input checked="" type="checkbox"/> HOLD FOR PICKUP AND CALL EXT. <u>2100</u>		A.U. EMPLOYEE SIGNATURE (for personal reimbursements only) I certify that the above charges, incurred by me, are correct and proper. 		DATE <u>12-9-04</u>
<input type="checkbox"/> SEND CAMPUS MAIL TO: Building _____ Room No. _____		AUTHORIZED APPROVAL SIGNATURE 		DATE _____
<input type="checkbox"/> SEND U.S. MAIL		BUDGET ACCOUNT NUMBER 		\$ <u>570</u>
		RESTRICTED TO PROVIDE		DATE _____

PROFESSIONAL SERVICES AGREEMENT

11-19-64

PART I: GENERAL INFORMATION

Service Provider Information:

Name: Robert Metter
Address: [REDACTED] 49878

Check One: ☒ Single Proprietor - Supply Social Security Number [REDACTED]
☐ Partnership - Supply Fed EIN _____
☐ Corporation - Supply Fed EIN _____

Check One: ☒ U.S. Citizen
☐ Permanent Resident
☐ Foreign National - If you checked this box please contact payroll regarding tax classification.

Is the Service Provider a current or former AU employee? ☐ Yes ☒ No

American University Information:

Department: ARK Pres. Res.
Contact: SALLY EKFEIT
Telephone: [REDACTED]

PART II: TERMS AND CONDITIONS

1. Introduction. This Agreement is dated, Nov. 30, 2004 between American University (the "University") and the Professional Services Provider (the "Service Provider").
2. Services to be Performed. During the term of this Agreement, the Service Provider shall perform the following services:
SOUS chef at President's Residence
3. Term of Agreement. The retainer of the Service Provider shall begin DEC 6, and shall end DEC 10 2004, unless this Agreement is terminated earlier, as provided in Paragraph 8 of this Agreement.
4. Compensation. The University shall pay the Service Provider the following

compensation for services performed under this Agreement:

\$17 per hour

The Service Provider shall submit a monthly time sheet for service time performed by the Service Provider to _____, American University, 4400 Massachusetts Avenue, NW, Washington, DC 20016-_____; such compensation to be paid within thirty (30) days after the time sheet is received and verified.

5. **Independent Contractor.** The Service Provider is retained by the University and shall perform the services under this Agreement as an independent contractor. The Service Provider shall not be considered under the provisions of this Agreement or otherwise as having an employee status or be extended coverage under unemployment and Workers' Compensation insurance, or be entitled to participate in any plans, arrangements or distributions by the University pertaining to or in connection with any pension, bonus or similar benefit plans.

The Service Provider has no power or authority to act for, represent, or bind the University in any manner. The Service Provider is solely responsible for the payment of his/her self-employment taxes.

6. **Indemnification/Hold Harmless.** The Service Provider shall indemnify and hold harmless the University from any and all loss or damage to persons or property which the University or its employees may suffer on account of any accident or occurrence caused by the Service Provider.

In consideration of the mutual agreements set forth in this Agreement, the Service Provider relieves, acquits, and forever discharges the University of and from any and all actions, courses of action, claims, demands, and damages on account of, or in any way growing out of any accident or occurrence transpiring during and under the terms of this Agreement, unless it is established that such accidents arose out of the negligent acts of the University, its agents or employees.

7. **Confidential Information.** In the course of performing services under this Agreement, the University may communicate information to the Service Provider or the Service Provider may have access to University information, which may or may not be related to this Agreement. The Service Provider shall treat all such information as confidential, whether or not it is identified as confidential. The Service Provider shall not disclose to any third party or use, for purposes not set forth in this Agreement, any reports, recommendations, opinions, and/or conclusions which Service Provider may provide to the University as part of his/her services.

8. **Termination.** The University or the Service Provider may terminate this Agreement at any time, upon giving not less than thirty (30) days written notice to the other party.

9. **Governing Law.** This Agreement shall be governed by and construed in accordance

with the laws of the District of Columbia.

10. **Signatures.** With the consent of the University and the Service Provider, facsimile signatures will be considered originals in the execution of this Agreement.
11. **Entire Agreement/Amendments.** This Agreement contains the entire agreement of the University and the Service Provider and no terms may be modified or waived except by the mutual written consent of both the University and the Service Provider.

AMERICAN UNIVERSITY
PROVIDER

PROFESSIONAL SERVICES

Signed: 

Signed: 

~~Patricia L. Kelshian~~

Brian Blair
Director
Procurement & Contracts

Title: _____

~~Executive Director,~~

~~Contract and Risk Management~~

Date: 12/6/04

Date: 11-30-04

PART I: GENERAL INFORMATION

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☒ Single Proprietor - Supply Social Security Number
☐ Partnership - Supply Fed EIN
☐ Corporation - Supply Fed EIN

☒ U.S. Citizen
☐ Permanent Resident
☐ Foreign National - If you checked this box please contact payroll regarding tax classification.

Is the Service Provider a current or former AU employee? _____ Yes ☒ No

Presidents Residence
Sally Ekfelt
X 2400

perform the following services:
Kitchen duty

\$ 17 per hour

AUSF 002920

4400 Massachusetts Avenue, NW, Washington, DC 20016-_____; such compensation to be paid within thirty (30) days after the time sheet is received and verified.

5. **Copyright Ownership.** The University and Service Provider agree that the _____ (insert type of work, such as photographs/prints, slides, negatives, artwork, illustration) (the "Work") created, conceived, and/or prepared by the Service Provider in the performance of the services contained in this Agreement, shall in all respects be considered a "work made for hire" within the meaning of the federal copyright laws and no copyright or other right in this Work (except the right to payment for services) shall inhere in the Service Provider, or in Service Provider's representatives, heirs, or assigns. The University shall own the Work and the University may, at its option and expense, seek copyright registration for the Work. As owner of the copyright, the University shall have all rights attendant to that ownership, including, but not limited to, rights of reproduction, preparation of derivative works, distribution, and display.

6. **Independent Contractor.** The Service Provider is retained by the University and shall perform the services under this Agreement as an independent contractor. The Service Provider shall not be considered under the provisions of this Agreement or otherwise as having an employee status or be extended coverage under unemployment and Workers' Compensation insurance, or be entitled to participate in any plans, arrangements or distributions by the University pertaining to or in connection with any pension, bonus or similar benefit plans.

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AUSF 002921